

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28159

FILED
Mar 26, 2006
Secretary of State

Entity Name: CRUSADERS FOR DELIVERANCE THROUGH CHRIST, MINISTRIES INC.

Current Principal Place of Business:

8881 SW 24 PLACE
C/O CHARLES J. ELLIOTT
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

8881 SW 24 PLACE
C/O CHARLES J. ELLIOTT
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 65-0124698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, CHARLES J.
8881 SW 24 PLACE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ELLIOTT, CHARLES J.,
Address: 8881 SW 24 PLACE
City-St-Zip: MIRAMAR, FL

Title: DS () Delete
Name: ELLIOTT, BEVERLEY M.,
Address: 8881 SW 24 PLACE
City-St-Zip: MIRAMAR, FL

Title: D () Delete
Name: JONES, KENNETH
Address: 110 SW 11ST
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: JONES, CHIQUITA
Address: 110 SW 11ST
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PALMER, SONYA
Address: 657 NW 5TH COURT
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROLLE, STARLIN
Address: 430 LOSLTOSWAY
City-St-Zip: ATAMANTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: PALMER, JAMES
Address: 7504 GARFIELD
City-St-Zip: HOLLYWOOD, FL 33009

Title: D () Change (X) Addition
Name: BROWN, JOSH
Address: 657 NW 5 COURT
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J ELLIOTT

DC

03/26/2006

Electronic Signature of Signing Officer or Director

Date